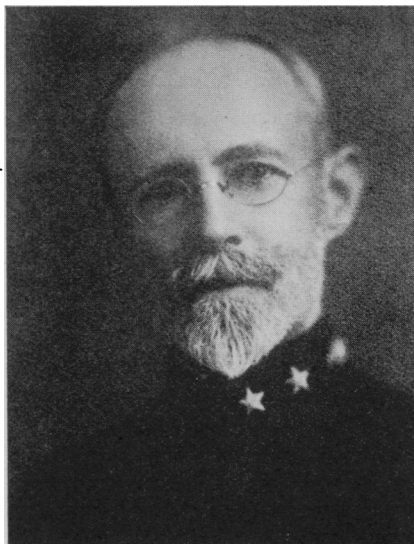


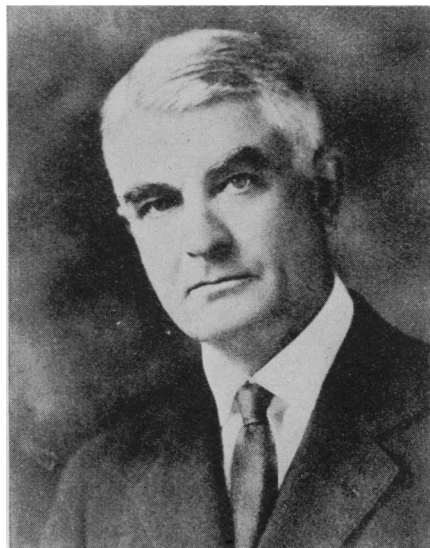
WILLIAM S. THAYER
President American Medical Association



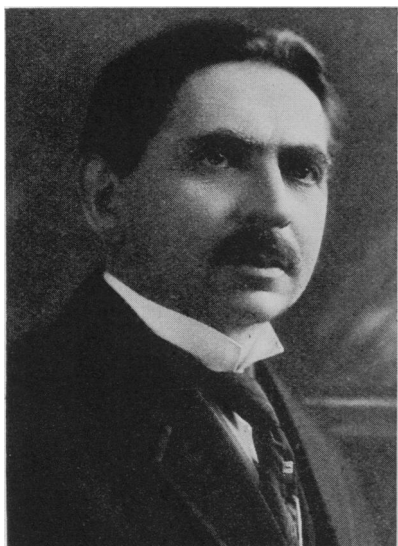
ADMIRAL E. R. STITT
Medical Corps, United States Navy



FREDERICK H. FALLS
University of Illinois, College of Medicine



WILLIAM J. MAYO
Chief of Staff, Mayo Clinic



ROBERT C. COFFEY
Portland, Oregon



JOHN H. MUSSER
President American College of
Physicians

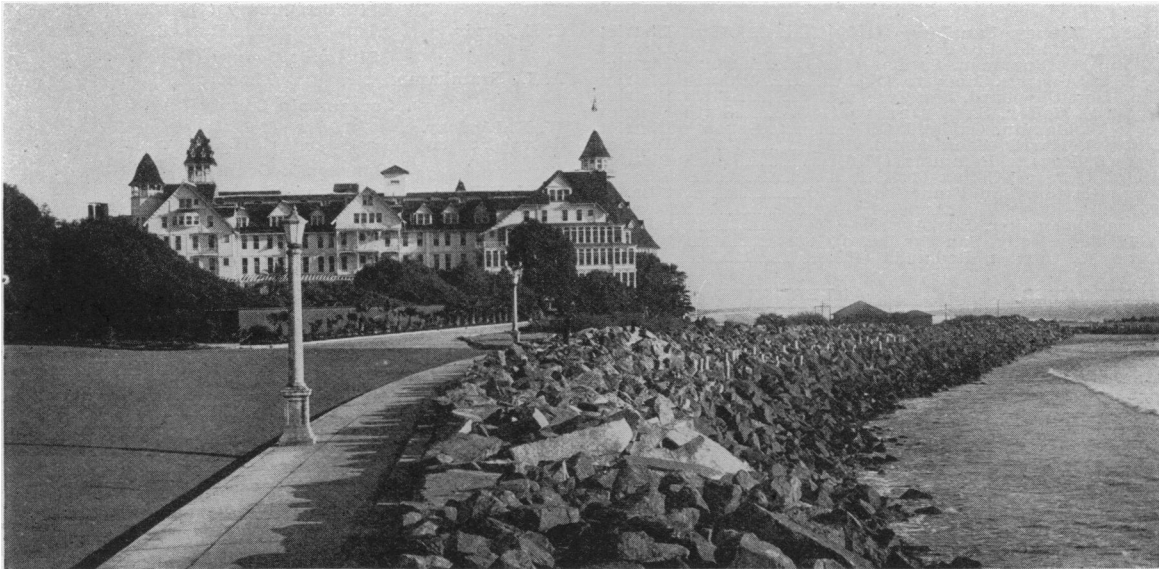


BYRL R. KIRKLIN
Chief of Staff, Mayo Clinic

Speaker Guests at the 58th Annual Session, California Medical Association

Program

THE FIFTY-EIGHTH ANNUAL SESSION
of the
CALIFORNIA MEDICAL ASSOCIATION
To be held at
SAN DIEGO, CALIFORNIA, MAY 6-9, 1929



HOTEL DEL CORONADO—HEADQUARTERS

OFFICERS AND COMMITTEES, 1929

GENERAL OFFICERS

WILLIAM H. KIGER, Los Angeles, President
MORTON R. GIBBONS, San Francisco, President-Elect
EDWARD M. PALLETTE, Los Angeles, Vice-President
EMMA W. POPE, San Francisco, Secretary and Editor
GEORGE H. KRESS, Los Angeles, Editor
HARTLEY F. PEART, San Francisco, General Counsel
HUBERT T. MORROW, Los Angeles, Assistant General Counsel

COUNCILORS

First District

Lyell C. Kinney, San Diego (1930)
San Diego, Riverside, San Bernardino, and Imperial
Counties

Second District

William Duffield, Los Angeles (1931)
Los Angeles, Santa Barbara, Ventura, and Orange
Counties

Third District

William H. Bingaman, Salinas (1929)
San Luis Obispo and Monterey Counties

Fourth District

Fred R. DeLappe, Modesto (1931)
Fresno, Kern, Kings, Tuolumne, Merced, Mariposa,
Madera, Tulare, and Stanislaus Counties

Fifth District

John Hunt Shephard, San Jose (1929)
Santa Clara, San Mateo, San Benito, and Santa Cruz
Counties

Sixth District

Walter B. Coffey, San Francisco (1929)
San Francisco County

Seventh District

Oliver D. Hamlin, Oakland (1929), Chairman
Alameda, Contra Costa, San Joaquin, and Calaveras
Counties

Eighth District

Junius B. Harris, Sacramento (1931)
Sacramento, Amador, El Dorado, Alpine, Placer, Nevada,
Yuba, Sutter, Sierra, Yolo, Butte, Plumas, Lassen,
Mono, Inyo, Glenn, Colusa, Tehama, Shasta,
Modoc, and Siskiyou Counties

Ninth District

Henry S. Rogers, Petaluma (1929)
Marin, Sonoma, Lake, Mendocino, Solano, Napa, Del
Norte, Humboldt, and Trinity Counties

Councilors-at-Large

Robert A. Peers, Colfax (1931)
Joseph Catton, San Francisco (1929)
George H. Kress, Los Angeles (1929)
Harlan Shoemaker, Los Angeles (1929)
T. Henshaw Kelly, San Francisco (1931)
Charles L. Curtiss, Redlands (1929)

EXECUTIVE COMMITTEE OF THE COUNCIL

T. Henshaw Kelly, Chairman	Morton R. Gibbons
William H. Kiger	Edward M. Pallette
O. D. Hamlin	George H. Kress
Emma W. Pope	

AUDITING COMMITTEE OF THE COUNCIL

T. Henshaw Kelly, Chairman	Walter B. Coffey
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DELEGATES AND ALTERNATES TO A. M. A.

Delegates		Alternates
Dudley Smith	(1929)	Walter B. Coffey
Oakland		San Francisco
Albert Soiland	(1929)	William H. Gilbert
Los Angeles		Los Angeles
Martha Welpton	(1929)	Eleanor Seymour
San Diego		Los Angeles
Victor Vecki	(1929-1930)	William E. Stevens
San Francisco		San Francisco
Percy T. Magan	(1929-1930)	Chas. D. Lockwood
Los Angeles		Pasadena

COMMITTEE ON SCIENTIFIC PROGRAM

Robert V. Day, (1929)	Emma W. Pope, Chairman
Los Angeles	J. Marion Read (1931)
Lemuel P. Adams (1930)	San Francisco
Oakland	Karl L. Schaupp (1932)
	San Francisco

SAN DIEGO COMMITTEE ON ARRANGEMENTS

Mott H. Arnold, Chairman	
C. E. Rees	James F. Churchill

1929 HOUSE OF DELEGATES

Membership

OFFICERS (Ex-officio Members)

William H. Kiger, Los Angeles.....President
Morton R. Gibbons, San Francisco.....President-Elect
Edward M. Pallette, Los Angeles.....Vice-President

Councillors

Lyell C. Kinney, San Diego (1930).....First District
William Duffield, Los Angeles (1931).....Second District
William H. Bingaman, Salinas (1929).....Third District
Fred R. DeLappe, Modesto (1931).....Fourth District
John Hunt Shephard, San Jose (1929).....Fifth District
Walter B. Coffey, San Francisco (1929).....Sixth District
Oliver D. Hamlin, Oakland (1929).....Seventh District
Junius B. Harris, Sacramento (1931).....Eighth District
Henry S. Rogers, Petaluma (1929).....Ninth District
Robert A. Peers, Colfax (1931).....At Large
Joseph Catton, San Francisco (1929).....At Large
George H. Kress, Los Angeles (1929).....At Large
Harlan Shoemaker, Los Angeles (1929).....At Large
T. Henshaw Kelly, San Francisco (1931).....At Large
Charles L. Curtiss, Redlands (1929).....At Large

DELEGATES

F. H. Bowles
Chesley Bush
W. L. Channell
C. A. DePuy
E. N. Ewer
Gertrude Mogg
G. G. Reinle
D. N. Richards

N. T. Enloe

J. M. McCullough

T. F. Madden
C. O. Mitchell

Etta S. Lund

Charles C. Falk

Eugene Le Baron

R. M. Jones

Fred J. Davis

Irving R. Bancroft
John V. Barrow
Fred B. Clarke
W. W. Hutchinson
George Hunter
Joseph M. King
E. Earl Moody
W. S. Mortensen
Lewis D. Remington
Wilbur Parker
Lyle G. McNeile
C. G. Toland
C. N. Suttner
Robert V. Day
George D. Stilson
Joseph K. Swindt
William T. McArthur
F. M. Pottenger
F. C. E. Mattison
James F. Percy
B. O. Raulston
Harry V. Brown
F. B. Settle
Eleanor Seymour
Katherine Close
Walter Bayley
Foster K. Collins
W. B. Bowman
Packard Thurber
R. G. Taylor
Leroy Sherry
John C. Ruddock

Carl W. Clark

Donald R. Smith

C. C. Fitzgibbon

William M. Gratiot

ALTERNATES

Alameda County (8)

W. B. Allen
F. S. Baxter
W. A. Clark
Daniel Crosby
H. H. Hitchcock
F. B. Taylor
H. J. Templeton
George McClure

Butte County (1)

D. H. Moulton

Contra Costa County (1)

L. St. John Hely

Fresno County (2)

A. E. Anderson
W. G. Milholland

Glenn County (1)

S. Igllick

Humboldt County (1)

Charles C. Cottrell

Imperial County (1)

B. R. Davidson

Kern County (1)

George C. Sabichi

Lassen-Plumas County (1)

B. J. Lasswell

Los Angeles County (32)

H. B. Tebbetts
George Thomason
M. H. Ross
H. Wilson Levensgood
Rolla G. Karshner
Carl R. Howson
H. P. Wilson
W. L. Huggins
Percy T. Magan
R. Manning Clarke
R. R. Montgomery
Thomas Chalmers Myers
Roy W. Hammack
Walter P. Bliss
H. A. Rosenkranz
R. M. Dodsworth
Harold Witherbee
Wallace J. Miller
R. W. Wilcox
William J. Norris
W. B. Thompson
R. E. Ramsay
Scott D. Gleeten
C. G. Stadfield
H. G. Westphal
A. J. Scott
Ralph Byrnes
T. W. Moffitt
G. D. Maner
A. M. Rogers
Joseph Goldstein
W. T. Rothwell

Marin County (1)

L. L. Stanley

Mendocino County (1)

Raymond Babcock

Merced County (1)

A. S. Parker

Monterey County (1)

H. M. Hoyt

M. M. Booth

R. A. Cushman
H. E. Zaiser

C. E. Lewis

A. L. Bramkamp

W. K. Lindsay
George Foster

E. W. Hill

Gayle G. Moseley
F. F. Abbott

Martha Welpton
Mott H. Arnold
Thomas O. Burger
Will Potter

Elbridge J. Best
Walter W. Boardman
LeRoy Brooks
Harold Brunn
Lloyd Bryan
Edmund Butler
William E. Chamberlain
Henry W. Gibbons
John H. Graves
Sol Hyman
Alexander S. Keenan
Eugene S. Kilgore
William Palmer Lucas
Howard C. Naffziger
Langley Porter
Henry A. L. Ryfkogel
William E. Stevens
Alfred J. Zobel

J. W. Barnes
B. J. Powell

Gifford L. Sobey

O. M. Holmes

Henry Ullmann

Fred S. Ryan
Louis Boonshaft
D. P. Fagerstrom

P. T. Phillips

Ferdinand Stabel

C. G. Reynolds

Ream S. Leachman

J. Walter Seawell

J. W. Morgan

R. G. Frey

W. W. Tourtillott

Homer D. Rose

L. W. Achenbach

Fred R. Fairchild

Smith McMullin

Napa County (1)

Walter Blodgett

Orange County (2)

D. C. Cowles
W. S. Wallace

Placer County (1)

J. A. Russell

Riverside County (1)

Thomas A. Card

Sacramento County (2)

C. B. Jones
C. H. McDonnell

San Benito County (1)

E. E. McKay

San Bernardino County (2)

E. L. Tisinger
S. B. Richards

San Diego County (4)

Lillian B. Mahan
C. E. Howard
F. L. Macpherson
C. E. Rees

San Francisco County (18)

William R. P. Clark
Louise B. Deal
G. Dan Delprat
William Dock
Philip K. Gilman
Irving S. Ingber
Hans Lisser
Robert C. Martin
Harry R. Oliver
Karl L. Schaupp
Daniel W. Sooy
Harry Spiro
I. Walton Thorne
Joseph M. Toner
Edward Topham
Victor G. Veckl
Emma K. Willits
J. Homer Woolsey

San Joaquin County (2)

G. H. Rohrbacher
Margaret H. Smyth

San Luis Obispo County (1)

Howard Gallup

San Mateo County (1)

E. F. Zieglman

Santa Barbara County (1)

Franklin Nuzum

Santa Clara County (3)

C. M. Burchfiel
Edwin M. Miller
James Bullitt

Santa Cruz County (1)

S. W. Dowling

Shasta County (1)

J. E. Taylor

Siskiyou County (1)

Robert Heaney

Solano County (1)

Robert B. Dempsey

Sonoma County (1)

S. Z. Peoples

Stanislaus County (1)

R. E. Maxwell

Tehama County (1)

F. H. Bly

Tulare County (1)

Gilbert B. Furness

Tuolumne County (1)

William L. Hood

Ventura County (1)

W. J. Lewis

Yolo-Colusa County (1)

James E. Harbinson

Yuba-Sutter County (1)

George W. Stratton

HOUSE OF DELEGATES MEETINGS

FIRST MEETING PROGRAM

Ballroom, Hotel del Coronado, Monday, May 6, 8 p. m.
Open to Members of the California Medical Association

ORDER OF BUSINESS

1. Call to order.
 2. Roll call.
 3. Report of President, William H. Kiger.
 4. Appointment of the Reference Committee by the President.
 5. Report of the Council, Oliver D. Hamlin, Chairman.
 6. Report of the Committee on Scientific Program, Emma W. Pope, Chairman.
 7. Report of the Auditing Committee, T. Henshaw Kelly, Chairman.
 8. Report of the Secretary, Emma W. Pope.
 9. Report of the Editors, George H. Kress, Emma W. Pope.
 10. Report of the General Counsel, Hartley F. Peart.
 11. Unfinished business.
 12. New business. (Introduction of resolutions.)
 13. Reading and adoption of minutes.
- Adjournment.

SECOND MEETING PROGRAM

Ballroom, Hotel del Coronado, Wednesday, May 8, 8 p. m.
Open to Members of the California Medical Association

ORDER OF BUSINESS

1. Call to order.
2. Roll call.
3. Announcement of the place of session, 1930.
4. Election of
 - (a) President-elect
 - (b) Vice-President
 - (c) Councilors

Third District—Incumbent, William H. Bingaman, Salinas (1929).

Fifth District—Incumbent, John Hunt Shephard, San Jose (1929).

Sixth District—Incumbent, Walter B. Coffey, San Francisco (1929).

Seventh District—Incumbent, Oliver D. Hamlin, Oakland (1929).

Ninth District—Incumbent, Henry S. Rogers, Petaluma (1929).

Councilors at Large—Incumbent:
Joseph Catton, San Francisco (1929).
George H. Kress, Los Angeles (1929).
Harlan Shoemaker, Los Angeles (1929).
Charles L. Curtiss, Redlands (1929).

(d) Member on Program Committee:
Incumbent—Robert V. Day, Los Angeles (1929).

(e) Delegates and Alternates to A. M. A.
Incumbents:

Delegates		Alternates
Dudley Smith	(1929)	Walter B. Coffey
Oakland		San Francisco
Albert Sollard	(1929)	William H. Gilbert
Los Angeles		Los Angeles
Martha Welpton	(1929)	Eleanor Seymour
San Diego		Los Angeles

One additional delegate and alternate from the North under last apportionment of the A. M. A.

5. Report of Reference Committee.
 6. Presentation of President.
 7. Presentation of President-elect.
 8. Reading and adoption of minutes.
- Adjournment.

GENERAL INFORMATION*

Registration and Information.—The registration and information desk is located in the lobby, Hotel del Coronado. All persons attending the convention, whether members or not, are requested to register immediately on arrival. Beginning Monday, May 6, registration secretaries will be on duty daily from 9 a. m. until 5 p. m.

Guests and Visitors.—All guests and visitors are requested to register. All general meetings and scientific meetings are open to visitors and guests.

Badges.—Four kinds of badges will be issued by the registration bureau:

1. **Members.**—Only active, associate, affiliate or honorary members of the California Medical Association will be issued the usual membership badge. Members must show membership cards when they register.

2. **Guest.**—A special badge will be issued to all fraternal delegates, visiting physicians, physiotherapists, medical social workers, nurses, and other technical specialists who are attending the 1929 session.

3. **Delegates and Alternates.**—The usual official badge is provided for this purpose, and will be issued only to persons authorized to wear it.

4. **Councilors.**—An official badge is provided for all officers and members of the Council.

Membership Cards.—Every member in good standing in the California Medical Association has been issued an official membership card for 1929. Present membership card at registration desk.

Suggestions and Constructive Criticism.—The officers and committees have tried to do everything possible to make the session a success. Suggestions and constructive criticism calculated to make future sessions more useful will be welcomed by any of the officers. Complaints of whatever character should be made to the registration desk, where they will receive attention.

Social Program.—The social program is in the hands of the Entertainment Committee, and is published at the end of this program.

Press Representatives.—Accredited press representatives are welcome, and they will be accorded every possible courtesy.

Publicity.—All publicity is in the hands of the Publicity Committee. It is requested that all persons having matter of "news" value report it to this committee. It is particularly requested that all "news" about any phase of the convention be given out through the official committee, and in no other way.

Exhibits.—Only advertisers in California and Western Medicine are permitted to exhibit at the annual meeting.

Rules Regarding Papers and Discussions at the State Meeting.—Upon recommendation of the Executive Committee, the following rules regarding papers have been adopted by the Council:

1. The maximum time that may be consumed by any paper is fifteen minutes, provided that not to exceed ten minutes' latitude may be allowed invited guests at the discretion of the presiding chairman.

2. Motions from the floor to extend the time of an author may not be entertained by the presiding officer.

3. The maximum time permitted any individual to discuss a paper is four minutes. This also applies to the author in closing his discussion. No speaker may discuss more than once any one subject.

4. A copy of each and every paper presented at the state meeting must be in the hands of the chairman or secretary of the section or in the hands of the general secretary before the paper is presented.

5. All papers read at the annual meeting shall be published in full in California and Western Medicine as soon after the meeting as space will permit, or at the option of the author. An abstract of the paper of about one column in length shall be published as soon as possible after the meeting with reprints in full of the entire paper (the cost of setting up type for the reprint to be borne by the Association, and all other costs to be borne by the author).

6. Articles are accepted for publication on condition that they are contributed solely to California and Western Medicine. Authors desiring to publish their papers elsewhere than in the journal may have their manuscripts returned to them upon written request to the state secretary.

7. No paper will be accepted by the General Program Committee nor by Section Program Committees unless accompanied by a synopsis of not to exceed fifty words.

8. Papers shall not be "read by title."

9. No member may present more than one paper at any state meeting, provided that a member may be a collaborator on more than one paper, if these papers are presented by different authors.

10. Failure on the part of an author to present a paper precludes acceptance of future papers from such author for a period of two years, unless the author explains to the satisfaction of the Executive Committee his inability to fulfill his obligation.

SAN DIEGO SUBCOMMITTEES ON ARRANGEMENTS

Finance.—William H. Geistweit, Jr., chairman, Edwin H. Crabtree, Chester O. Tanner.

Publicity.—Clarence Rees, Chairman, Rawson J. Pickard, George B. Worthington.

Invited Guests.—Lyell C. Kinney, Chairman, James F. Churchill, Clarence Rees, Mott H. Arnold, James Sherill.

Commercial Exhibit.—Mott H. Arnold.

Scientific Exhibit.—Harold A. Thompson, Chairman, Harvey K. Graham, Willard Newman.

Entertainment.—Andrew B. Wessels, Chairman, E. P. Chartes-Martin, Thomas O. Burger.

Hotel Reservations.—Frank Carter, Chairman, Charles W. Lane, Edward Blondin.

Meeting Places.—William Potter, Chairman, Andrew J. Thornton, Louis J. Strahlmann.

Entertainment of Visiting Ladies.—Mrs. James F. Churchill, Chairman.

Information and Registration.—David C. Higbee, Chairman, James D. Bobbitt, Donald K. Woods.

Women Physicians.—Marjorie Potter, Chairman, Olive Cordua, Martha Welpton.

Golf.—Edgar Lee, Chairman, Samuel Durr, Ray Lounsberry.

Medical Reserve.—John C. Dement, Chairman, Alfred E. Banks.

Naval Activities.—Captain Spear, Chairman, Fraser Macpherson, Charles W. Brown.

Transportation.—James W. McColl, Chairman, C. Pennell Baxter, S. J. McClendon.

* See page 290 for entertainment program, golf tournament, etc.; page 291 for transportation and hotel information.



ROBERT G. HENDERSON
Chairman Anesthesiology
Section



ERNEST D. CHIPMAN
Chairman Dermatology and
Syphilology Section



RODERIC P. O'CONNOR
Chairman Eye, Ear, Nose, and
Throat Section



Q. O. GILBERT
Chairman General Medicine
Section



JOHN HOMER WOOLSEY
Chairman General Surgery
Section



D. PACKARD THURBER
Chairman Industrial Medicine
and Surgery Section

SCIENTIFIC EXHIBIT

Thyroid Pathology. Dr. Henry Hunt Searls and Dr. Raymond J. Millzner, University of California Hospital, San Francisco.

Lesions of the Gastro-Intestinal Tract—Pathological Specimens. Dr. William Taylor Cummins, Southern Pacific Hospital, San Francisco.

The Paranasal Sinuses—A Roentgen-Ray Study. Dr. Edward W. Chamberlain, Stanford University Hospital.

Nontuberculous Lesions of the Chest. Dr. Lloyd Bryan, San Francisco.

Bone Tumors, with Microscopic Sections. Dr. Leonard W. Ely, Stanford University Hospital, San Francisco.

Hay Fever Producing Shrubs and Grasses. Dr. Albert H. Rowe, Oakland.

Bone Tumors—The Sarcoma Registry of the American College of Surgeons. Dr. Edwin I. Bartlett, San Francisco, and Dr. Bowman Crowell, Chicago.

DR. H. A. THOMPSON,
Chairman Committee on Scientific Exhibit.

General Outline of Various Meetings and Entertainment

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Mornings			9-11:30 Section Meetings Council	9-11:30 Section Meetings Council	8:30-11:00 Section Meetings Council
		10-12:30 General Meeting	11:30-1:00 General Meeting	11:30-1 General Meeting	11:00-12:30 General Meeting
1-2 P. M.		Reserve Officers Luncheon	Ladies' Luncheon Agua Caliente	County Secretaries Luncheon	
2-5:00		Section Meetings Ladies Reception Mmes. Kiger and Gibbons Council	Golf Tournament Boat Trips Motion Pictures Ballroom	Rockwell Field 2-3:00 Sightseeing Busses Medical Women's Trip Motion Pictures Ballroom Fraternity Dinner Agua Caliente 3:30	Golf
8:00	Council	House of Delegates Ballroom Informal Dance Casino	President's Dinner Dance	House of Delegates Ballroom Bridge and Informal Dance	



SAMUEL D. INGHAM
Chairman Neuropsychiatry
Section



HENRY N. SHAW
Chairman Obstetrics and
Gynecology Section



WILFRED H. KELLOGG
Chairman Pathology and
Bacteriology Section



EDWARD S. BABCOCK
Chairman Pediatrics Section



LYELL C. KINNEY
Chairman Radiology Section



WILBUR B. PARKER
Chairman Urology Section

MEETINGS, DINNERS AND LUNCHEONS

Meetings of the House of Delegates.—Monday and Wednesday evenings, May 6 and May 8, at 8 p. m. in ballroom, Hotel del Coronado.

Council Meetings.—Dr. Porter's Office:

First meeting—Sunday, May 5, at 8 p. m.

Second meeting—Monday, May 6, at 2 p. m.

Third meeting—Tuesday, May 7, at 9 a. m.

Fourth meeting—Wednesday, May 8, at 9 a. m.

Fifth meeting—Thursday, May 9, at 9 a. m.

General Meetings.—The public is invited to attend all general meetings:

Monday, 10 a. m. to 12:30 p. m.—Presidential Addresses, ballroom.

Tuesday, 11:30 a. m. to 1 p. m.—Addresses, invited guests, ballroom.

Wednesday, 11:30 a. m. to 1 p. m.—Addresses, invited guests, ballroom.

Thursday, 11 a. m. to 12:30 p. m.—Addresses, invited guests, ballroom.

President's Dinner and Dance.—Tuesday evening, ballroom, Hotel del Coronado. See Page 290.

Secretaries' Luncheon.—Wednesday, 1 to 2 p. m., Hotel del Coronado.

Presidents and secretaries of constituent societies are requested to be present at a luncheon to be held at Hotel del Coronado on Wednesday at 1 p. m. Please make your reservations for this luncheon at the registration desk as early as possible.

DIAGRAM OF SECTION MEETINGS

	Ballroom	Casino	Silver Grill	Breakfast Room	Room A	Room B	Room C	Room D
May 6 2-5 p.m.	Union Meeting Medical Sections (See Gen'l Medicine Program)	Surgery	Obstetrics	Urology	Dermatology	Industrial Medicine		Neuro-psychiatry
May 7 9-11:30 a.m.	Medicine	Union Meeting Surgical Sections (See Gynecology Program)	Urology	Pediatrics	Dermatology	Anesthesiology	Pathology	Neuro-psychiatry
May 8 9-11:30 a.m.	Medicine	Surgery J. F. Binnie Meeting	Eye, Ear Nose and Throat	Urology	Anesthesiology	Industrial Medicine	Pathology	Radiology
May 9 8:30-11 a.m.	Medicine	Surgery	Eye, Ear, Nose and Throat	Pediatrics				Radiology

GENERAL MEETINGS

All General Meetings will be held in the Ballroom

FIRST GENERAL MEETING

Monday, May 6, 10 a. m.

Address of Welcome—James F. Churchill, M. D.

President's Annual Address—William H. Kiger, M. D.

Address of President-elect—Morton R. Gibbons, M. D.

Sir William Osler—William S. Thayer, M. D., President American Medical Association.

Report of Arrangements Committee—Mott H. Arnold, M. D.

SECOND GENERAL MEETING

Tuesday, May 7, 11:30 a. m.

Functional Disorders—John H. Musser, M. D., President American College of Physicians.

Address—Colonel E. L. Munson, Medical Corps.

Trends in Medical Aviation—Admiral Edward R. Stitt, Surgeon-General, U. S. N.

THIRD GENERAL MEETING

Wednesday, May 8, 11:30 a. m.

The Enlarged Spleen—William J. Mayo, M. D., Chief of Staff, Mayo Clinic.

Report on Maternal Mortality—Ellen Stadtmuller, M. D.

FOURTH GENERAL MEETING

Thursday, May 9, 11 a. m.

Eclamptogenic Toxemia and Its Management—Frederick H. Falls, M. D., Professor of Obstetrics and Gynecology, University of Illinois.

Rationale of the Present-Day Treatment of Cancer—Robert C. Coffey, M. D., Portland.

SECTION MEETINGS*

ANESTHESIOLOGY SECTION

R. G. HENDERSON, M. D., Chairman
502 Marine Bank Building, Long Beach

L. A. RETHWILM, M. D., Secretary
2217 Webster Street, San Francisco

First Meeting—Room B

Tuesday, May 7, 9 to 11:30 a. m.

- Chairman's Address—*Discussion of Anesthesia Service, Especially as Related to the Smaller Community*—Robert G. Henderson, M. D., Long Beach.

New interest has been taken in anesthesia with the perfection of apparatus and new anesthetics. Service in large clinics satisfactory. What can be done to improve the service in the smaller communities?

- Water's CO₂ Absorption Anesthesia (By Analysis)*—Arthur E. Guedel, M. D., 506 North Linden Street, Beverly Hills.

Discussion opened by Mary E. Botsford, M. D., San Francisco.

Anesthetic agents are not destroyed in the body as we formerly supposed. The necessary tension of the agent is established in the tissues, and held there by preventing escape through the lungs. Expired CO₂ is taken up by soda-lime and oxygen administered in accordance with metabolic requirements.

- Carbon Dioxid as a Respiratory Stimulant in Ethylene Anesthesia*—Mary E. Botsford, M. D., 807 Francisco Street, San Francisco.

Discussion opened by C. D. Leake, M. D., San Francisco.

Necessity for respiratory stimulant in ethylene anesthesia. Carbon dioxid is the most potent. Dangers of carbon dioxid when proper percentages are not available.

- Ethylene—Its Advantages and Indications*—L. W. Harding, M. D., St. Regis Hotel, Los Angeles.

Discussion opened by Wayland A. Morrison, M. D., Los Angeles.

Ethylene, the most important anesthetic since the discovery of the anesthetic properties of ether. The technique of administration and the importance of special training. Advantages: its safety, short agreeable induction stage, early recovery period, and lack of injurious after-effects. Indications: in bad risk cases, old people and where ether is contraindicated.

* Hours of Sections Meetings.—This year a new system will be tried out. Its success will largely depend upon the extent to which section chairmen and secretaries cooperate. Section meetings should begin promptly. Especially should they close promptly at the hour designated in order that the General Meetings may convene on time in the Ballroom. Section chairmen should announce that the association rules regarding time limits on discussion will be enforced.

Second Meeting—Room A

Wednesday, May 8, 9 to 11:30 a. m.

- The Anesthetizing of Children for Orthopedic Surgery*—James R. Martin, M. D., 901 Medico-Dental Building, 746 Francisco Street, Los Angeles.

Discussion opened by R. F. Hastreiter, M. D., Los Angeles.

A review of several hundred anesthetic records from the Orthopedic Hospital of Los Angeles. Special attention given to the selection of the anesthetizing agent, preoperative preparation and care, surgical shock, and postoperative effect.

- Gwathmey Analgesia—Observations on Its Use in Private and Clinical Practice*—Ludwig A. Emge, M. D., 2000 Van Ness Avenue, San Francisco, and Chester L. Cooley, M. D., Stanford Hospital, San Francisco.

Discussion opened by John Vruwink, M. D., Los Angeles.

Gwathmey analgesia has proved an excellent adjunct. Not applicable to all cases nor circumstances, but must be carefully selected. May shorten second stage and prolong third stage, leading to greater use of low forcep operations. Particular value in posterior presentations. Discussion of points of technique. Report of cases.

- Purification of Anesthetic Gases*—Donald E. Baxter, M. D., Glendale.

Discussion opened by William W. Hutchinson, M. D., Los Angeles.

Improved methods of testing nitrous oxid, oxygen, and ethylene, making possible the establishment of routine factory control on all anesthetic gases. Improved methods of gas purification and manufacture and their relation and importance to better anesthesia. (Lantern slides.)

- Postoperative Pulmonary Atelectasis—A Discussion of Its Etiology, Treatment and Prevention*—Emile Holman, M. D., and Mary E. Mathes, M. D., Stanford University Hospital, San Francisco.

Discussion opened by F. L. Reichert, M. D., San Francisco.

Theories to account for this puzzling pulmonary complication. Experimental production of massive collapse in dogs by introduction of bronchial plug and abolition of cough reflex. Review of clinical cases. Methods of prevention before, during and following operation by avoidance of heavy medication with atropin and morphin, complete expansion of lung by carbon dioxid and deep breathing, and by frequent change of position postoperatively. Treatment.

- Business meeting.

DERMATOLOGY AND SYPHILOLOGY SECTION

E. D. CHIPMAN, M. D., Chairman
501 Union Square Building
350 Post Street, San Francisco
H. J. TEMPLETON, M. D., Secretary
3115 Webster Street, Oakland

First Meeting—Room A

Monday, May 6, 2 to 5 p. m.

1. Chairman's Address—Ernest D. Chipman, M. D., San Francisco.

2. *Scabies and Its Complications*—Thomas J. Clark, M. D., 1800 Madison Avenue, Oakland, and Frank H. Stibbens, M. D., Madison-Lake Apartment, Madison and Lake Street, Oakland.

Discussion opened by George Culver, M. D., San Francisco.

Scabies: World-wide distribution. Types of parasite; infestation in homes, schools, camps, by venery, etc. Diagnosis confused by urticarial complications, and severe pyodermitis, and by partial and inefficient treatments. Persistent nodular types. Treatment.

3. *The Use of Long Wave X-Rays in Dermatology*—Laurence Taussig, M. D., 803 Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by H. J. Templeton, M. D., Oakland.

The development of apparatus for the production of the so-called "Grenz" rays. A discussion of the physical and biological factors involved. A review of the literature regarding the clinical applications of these rays. A brief report of personal experience during the past nine months.

4. *Painful Ear Nodule of Winkler and Foerster*—George Culver, M. D., 704 Elkan-Gunst Building, 323 Geary Street, San Francisco.

Discussion opened by Hiram E. Miller, M. D., San Francisco.

Origin of name. Description of lesion. Frequency of occurrence. Location. Relationship of cutaneous and cartilaginous changes. Case reports. Conclusions that may be drawn from results of treatment. Discussion of treatment.

5. *Lesions of the Tongue*—H. C. L. Lindsay, M. D., 104 North Madison Avenue, Pasadena.

Discussion opened by Laurence Taussig, M. D., San Francisco.

Books on dermatology neglect, somewhat, diseases of the tongue. Treatment and diagnostic details too brief. Prognosis unduly alarming, especially in those conditions which resemble leukoplakia and glossitis. Traumatic lesions, congenital lesions and drug rashes are barely mentioned.

Lantern slides of usual and some unusual diseases of the tongue will illustrate diagnosis and treatment.

Second Meeting—Room A

Tuesday, May 7, 9 to 11:30 a. m.

1. *The Syphilitic Kidney*—Irving Bancroft, M. D., 812 Detwiler Building, 412 West Sixth Street, Los Angeles.

Discussion opened by Kendal P. Frost, M. D., Los Angeles.

Discussion of pathology in syphilis of kidney and resultant action on secreting kidney cells. Distinctive action of antisyphilis treatment on secreting cells. Presence of albumin in urine before and after antisyphilitic treatment. Relation of jaundice to diminished kidney function. Report of fatal cases with autopsy findings.

2. *Indirect Treatment of a Syphilitic Child by Maternal Therapy During Lactation*—H. Sutherland Camp-

bell, M. D., and Kendal P. Frost, M. D., 816 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Discussion opened by Hiram E. Miller, M. D., San Francisco.

Maternal syphilis of twenty years' standing. Inadequately treated. Two congenital syphilitic children, the second one eight years old. Treatment of mother instituted at beginning of ninth month of pregnancy of third child. Treated regularly during twelve months of lactation with neoarsphenamin. This child received no direct medication. Wassermann negative to twelve months. No physical signs of lues.

3. *Coccidioid Granuloma*—Harry P. Jacobson, M. D., 1016 South Alvarado Street, Los Angeles.

Discussion opened by Samuel Ayres, Jr., M. D., Los Angeles.

Additional observations on the effect of colloidal copper in the treatment of this disease as based upon six cases under my treatment this past year. In addition to the colloidal copper treatment, immunotherapy in the form of injections of coccidioidal filtrate containing an endo- and exotoxin, has been used. It is my impression at this stage of the investigation that this immunotherapy enhances the action of the copper.

4. *Carbon Arc Light Versus Quartz Lamp in the Treatment of Skin Diseases*—Moses Scholtz, M. D., 907 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Discussion opened by Harry P. Jacobson, M. D., Los Angeles.

Carbon arc light treatment. Apparent indifference of dermatologists and scarcity of data. Finsen light; modern carbon arc light burners; modern multiple cored impregnated carbons. Relative therapeutic values. Technical and clinical advantages and disadvantages. Therapeutic value of fractional and massive doses and of erythema dose of ultra-violet rays. Clinical selection of cases.

5. *Recent Contributions to the Study of Eczema*—Samuel Ayres, Jr., M. D., 517 Westlake Professional Building, 2007 Wilshire Boulevard, Los Angeles.

Discussion opened by Stanley O. Chamber, M. D., Los Angeles.

Eczema not a disease, but a mode of reaction of the skin to a variety of causes. Experimental investigations on the relation of eczema to the involuntary nervous system and to the calcium-potassium ratio in the skin. Eczema due to arsenic. Eczema due to disturbances in the uric acid and carbohydrate metabolism. Parasitic types of eczema. Newer methods of treating eczema.

EYE, EAR, NOSE, AND THROAT SECTION

R. P. O'CONNOR, M. D., Chairman

910 Medical Building

1904 Franklin Street, Oakland

A. B. WESSELS, M. D., Secretary

1305 Medico-Dental Building

233 A Street, San Diego

First Meeting—Silver Grill

Wednesday, May 8, 9 to 11:30 a. m.

1. Chairman's Address—*Who Should Make Eye Examinations?*—Roderic P. O'Connor, M. D., Oakland.
2. *Capsulotomy Methods of Lens Extraction*—D. F. Harbridge, M. D., Phoenix, Arizona. (By invitation.)
3. *Intracapsular Cataract Extraction*—Lloyd Mills, M. D., 609 South Grand Avenue, Los Angeles.

The last word has by no means been said in the intracapsular extraction of cataract. The three methods in vogue among expert operators

are still under modification. The occasional operator performs the intracapsular extraction usually as an accident, and is far safer not to attempt this form of extraction as routine.

4. *Lens Absorption by Traumatism—Accidental and Intentional*—Raymond J. Nutting, M. D., 805 Medical Building, 1904 Franklin Street, Oakland.
5. *Surgical Consideration of Glaucoma*—May T. Riach, M. D., 1007 Medico-Dental Building, 233 A Street, San Diego.
Comparing the end-results of three hundred cases of glaucoma operated on by three methods in equal numbers, the Reese iridectomy, the Elliott trephine, and the La Grange, I am of the opinion that the secret of success lies in the finesse of technique more than in the choice of operation.
6. Business meeting.

Second Meeting—Silver Grill

Thursday, May 9, 8:30 to 11 a. m.

1. *Toti-Mosher Operation in Obstruction of the Nasolacrimal Duct*—Frederick C. Cordes, M. D., and Robert C. Martin, M. D., Fitzhugh Building, 384 Post Street, San Francisco.
Discussion opened by Morie F. Weymann, M. D., Los Angeles.
The results are reported in a series of cases of obstruction of nasolacrimal duct in which the Toti-Mosher operation was performed. The operation is indicated in the majority of cases of obstruction of the nasolacrimal duct. The factors forming a contraindication are discussed. The importance of careful detail work is emphasized and the technique of the operation given.
2. *Anatomical Variations of Accessory Nasal Sinuses*—Edwin S. Budge, M. D., 1100 Roosevelt Building, 727 West Seventh Street, Los Angeles.
Discussion opened by Lawrence K. Gundrum, M. D., Los Angeles. (Discussion with lantern slides.)
3. *Sphenoiditis—Diagnosis and Treatment*—Dean E. Godwin, M. D., 910 Security Building, Long Beach.
Discussion opened by J. Frank Friesen, M. D., Los Angeles.
The sphenoid often neglected because of its inaccessibility. Important structure in intimate relation and symptoms caused by their involvement. Types of sphenoiditis. Treatment, medical and surgical. Illustrative case reports.
4. *Infection of the Ethmoid Labyrinth*—Ferris L. Arnold, M. D., 609 Security Building, Long Beach.
Discussion opened by Isaac H. Jones, M. D., Los Angeles.
Anatomy, special pathology, etiology, diagnosis, discussion of types of infection, symptoms, and treatment, both medical and surgical.
5. *Maxillary Antrum Infection in Children*—Francis M. Shook, M. D., 604 Medical Building, 1904 Franklin Street, Oakland.
An argument for early diagnosis, prompt and thorough treatment. Symptomatology, acute and general; etiology; surgical treatment; postoperative treatment; results and conclusions.
6. *Extensive Impairments from Minor Ear Lesions*—Eugene R. Lewis, M. D., 1154 Roosevelt Building, 727 West Seventh Street, Los Angeles.
Discussion opened by David R. Higbee, M. D., San Diego.
Marked improvement of major difficulties sometimes follows relatively minor therapeutic procedures. Three short case reports exemplify the importance of careful diagnosis and simple treatment.

GENERAL MEDICINE SECTION

Q. O. GILBERT, M. D., Chairman
301 Medical Building

1904 Franklin Street, Oakland

WALTER P. BLISS, M. D., Secretary
407 Professional Building

65 North Madison Avenue, Pasadena

Union Meeting of Medical Sections Ballroom

Monday, May 6, 2 to 5 p. m.

1. *A Practical Consideration of Cholecystography*—B. R. Kirklin, M. D., Rochester Minnesota. (By invitation.)

A review of more than twenty-five thousand cholecystograms made at the Mayo Clinic during the last four years shows a progressive increase in accuracy of diagnosis. A positive report correct in 96 per cent of the cases, a negative report not quite so reliable. Oral method generally accepted as best. Is a test of gall-bladder function primarily.

2. *Indication for Surgery in Pulmonary Tuberculosis*—H. E. Schiffbauer, M. D., 1221 Brockman Building, 520 West Seventh Street, Los Angeles.

Selection of cases is a matter of prime importance. Close collaboration with an expert in pulmonary tuberculosis is essential. The type of tuberculosis in the diseased lungs. Condition of contralateral lung. Age and existing other tuberculous lesions. Condition of circulatory and renal systems. Resistance of patient to surgery.

3. *The Diagnosis and Treatment of Lung Abscess*—Frank Stephen Dolley, M. D., 1247 Roosevelt Building, 727 West Seventh Street, Los Angeles.

Mode of production of lung abscess. Symptoms and signs. Method of diagnosis; history, physical examination, fluoroscope and x-ray films. Complications with or without operation. Physiological and mechanical difficulties encountered in obliteration intrathoracic cavities. Treatment: medical, surgical. Lantern slides showing (1) x-ray methods in diagnosis and (2) various types of abscess with treatment and results.

4. *The Etiologic Identity of Human and Rat Leprosies*—E. L. Walker, Ph. D., Hooper Foundation, University of California, San Francisco. (By invitation.)

This is a preliminary paper on the cultivation of an acid-fast organism from rat leprosy, its identity with the organism cultivable from human leprosy, and the probable common etiology and epidemiology of both diseases as an infection with a pleomorphic and facultative acid-fast actinomyces from the soil.

First Meeting—Ballroom

Tuesday, May 7, 9 to 11:30 a. m.

1. Chairman's Address—Quinter Olen Gilbert, M. D., Oakland.
2. *Mouth Infections in Relation to Systemic Diseases*—John H. Musser, M. D., Tulane University, New Orleans. (By invitation.)
Many lesions of the oral cavity are purely local. Others are local and systemic, with the systemic manifestations frequently very pronounced. Such conditions as scarlet fever, diphtheria, Vincent's angina, agranulocytic angina, and leukemia will be discussed, and more particularly their relationship to alternatives in the blood count.
3. *Pyocyanic Angina with Agranulocytic Leukopenia*—Madison J. Keeney, M. D., 834 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Report of fatal case diagnosed as diphtheria. Differential diagnosis, clinical and laboratory. Review of reported cases of agranulocytic angina and stomatitis with and without the presence of the *Bacillus pyocyaneus*. Discussion of pathogenicity of *Bacillus pyocyaneus* and its possible importance in agranulocytic angina—probably a definite clinical entity.

4. *The Blood Picture in Hodgkin's Disease*—Ernest H. Falconer, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco.

Blood counts in a series of cases of Hodgkin's disease, studied at the University of California Hospital and the "blood" clinic of the medical out-patient department, are analyzed. The count is compared with statistics from other clinics, to see whether any features in the formed elements of the blood are diagnostic of Hodgkin's disease.

5. *Acute Arsenic Poisoning—A Report of Seven Cases and a Study of Arsenic Excretion, with Special Reference to the Hair*—T. L. Althausen, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco.

An outbreak of acute arsenical poisoning is reported. Studies on arsenic excretion in the urine, feces, and hair are given and the diagnostic importance of hair analysis in suspected cases is pointed out. The treatment of arsenic poisoning with sodium thiosulphate is discussed.

Second Meeting—Ballroom

Wednesday, May 8, 9 to 11:30 a. m.

1. *Diagnosis of Tuberculosis in Its Relationship to the Immunity Reaction*—F. M. Pottenger, M. D., Monrovia.

Early tuberculosis is a curable disease if treated immediately. Activity makes itself known by the immunity reaction. Allergy due to tuberculo-protein sensitization causes three groups of symptoms: those due to toxins, those of reflex nature, and those due to the local action in the lung. Evaluation of groups and of individual symptoms. Clinical history, if carefully analyzed, alone will determine diagnosis in nearly all frank cases of early tuberculosis.

2. *Some Points Regarding Pulmonary Tuberculosis and Its Relation to the School Child*—E. W. Hayes, M. D., 129 North Canyon Drive, Monrovia.

This paper deals with pulmonary tuberculosis, particularly in its relation to children of school age. Primarily, it is a review of the work of Opie and McPhedran of the research department of the University of Pennsylvania, wherein they attempt to evaluate the history, physical examination and x-ray in the study of children.

3. *Importance of Dosage in the Specific Treatment of the Diseases of Hypersensitiveness*—Edward Matzger, M. D., 308 Medical Building, 909 Hyde Street, San Francisco.

Relationship between minute exposure to active substances and production of symptoms; trigger-action. Outline of a comparatively simple technique for determining the patient's individual degree of hypersensitiveness after a specific diagnosis is made. Importance of the evaluation of this factor before instituting treatment. The method of the determination of the optimum or maximum dose.

4. *Results of Vaccine Treatment in Infectious Bronchitis and Asthma*—William C. Voorsanger, M. D., and Fred Firestone, M. D., 1001 Medico-Dental Building, 490 Post Street, San Francisco.

Results of eight years' experience in the treatment of infectious bronchitis and asthma with autogenous vaccines. Method of obtaining and preparing the vaccine.

5. *Ammonium Orthoiodoxybenzoate in the Treatment of Arthritis*—J. Edward Harbinson, M. D., Woodland Clinic, Woodland.

Reports of the efficacy of this preparation in the treatment of arthritis have varied from no appreciable effect to very good results. Experience to date has been that no single therapeutic procedure is universally efficacious in the treatment of arthritis. The conclusions have been that ammonium orthoiodoxybenzoate is indicated in selected cases of arthritis as an adjunct to other established therapeutic procedures. The preparation, method of administration and results, with case reports, are given.

6. *The Influence of Various States of Hydremia on the Efficacy of Insulin*—A. H. Wightman, M. D., 604 Medical Building, 1136 West Sixth Street, Los Angeles; R. L. McCalla, M. D., Relief Home, San Francisco; and R. Emmet Allen, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco.

A discussion of the practical significance of forced fluids and limited fluid intake in the treatment of diabetes mellitus requiring insulin. (Lantern slides.)

Third Meeting—Ballroom

Thursday, May 9, 8:30 to 11 a. m.

1. *Physical and Clinical Signs in Relative Valvular Insufficiency Correlated with Roentgen Evidence*—Francis M. Smith, M. D., and A. B. Smith, M. D., 1228 Cave Street, La Jolla.

Relative mitral insufficiency ordinarily associated with hypertension or sclerotic changes. Insufficiency due to essential cardiac pathology always associated with stenosis. Roentgen examination shows characteristic differences in cardiac outlines, which assist differentiation of type and give permanent record of cardiac changes. Illustrative cases with correlation of clinical and roentgenological data.

2. *Some Toxic and Other Difficulties in Quinidin Therapy and Their Avoidance*—William W. Newman, M. D., Flood Building, 870 Market Street, San Francisco, and Harry Spiro, M. D., 501 Flood Building, 870 Market Street, San Francisco.

Quinidin, a valuable cardiac drug, is not sufficiently appreciated and used, largely because of the following difficulties: (1) The limits of its indications are not always appreciated. (2) Its application requires accurate diagnosis of the more common cardiac arrhythmias. (3) The dosage must be vigorously pushed. (4) In the treatment of auricular fibrillation there are some certain dangers in its use; for example, embolism and direct toxic action on the cardiac muscle. Three cases showing direct toxic effects on the heart muscle are presented briefly, with a series of electrocardiograms showing the progress of the poisoning.

3. *A Test for Bile Pigment in Blood Serum with Clinical Applications*—Frederick Ebersson, M. D., University of California Hospital, Fourth and Parnassus Avenues, San Francisco.

Filtration test with trichloroacetic acid. Color detected in thirty seconds to two or three minutes. Filtration requires ten minutes for maximum color. Pigment washed from filter paper and brought into clear solution with N/1 sodium hydroxid. Solution, color is approximately one hundred times, and on filter paper the test is

two hundred times more sensitive than the Van den Bergh. Test most sensitive in latent jaundice and does not give nonspecific results with serum showing hemolysis. Sensitive to 1/100th unit azobilirubin. Clinical evaluation.

4. *Management of Peptic Ulcer*—Grant H. Lanphere, M. D., 700 Professional Building, 1052 West Sixth Street, Los Angeles.

A brief résumé of the etiology, symptomatology, diagnosis, and treatment of peptic ulcer. Slides to illustrate type and location of ulcer. Indications for medical and surgical management of nonobstructive and obstructive type of ulcer, hemorrhage, and gastrojejunal ulcer. Value of alkali therapy. Alkalosis.

5. *Causes of Failure in the Medical Management of Peptic Ulcer*—Fred Kruse, M. D., 916 Fitzhugh Building, 384 Post Street, San Francisco.

Classification of indications for surgical or medical treatment. Alleviation or removal of factors contributing to formation of ulcer. Adjustment of regimen to type of case and environment. Diet, medication, bowel regulation, management of night and fasting periods. The psychological and nervous influences. Education of patient, length of treatment, and future care.

GENERAL SURGERY SECTION

J. H. WOOLSEY, M. D., Chairman
909 Medico-Dental Building
490 Post Street, San Francisco

B. S. CHAFFEE, M. D., Secretary
917 Security Building, Long Beach

D. N. RICHARDS, M. D., Assistant Secretary
404 Medical Building
1904 Franklin Street, Oakland

First Meeting—Casino

Monday, May 6, 2 to 5 p. m.

1. Chairman's Address—*Physiology in Surgery*—John Homer Woolsey, M. D., San Francisco.

2. *Early Diagnosis and Medical Aspects of Intestinal Obstruction*—Verne R. Mason, M. D., 838 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Clinical signs and symptoms of importance in diagnosis with especial reference to the position and type of obstruction. The value of the determination of the acid-base equilibrium and electrolyte concentration in a series (approximately twenty-five) of patients with obstruction of the gastro-intestinal tract. Practical applications.

3. *Diagnosis of Intestinal Obstruction by the Flat X-Ray Plate*—Marcus H. Rabwin, M. D., 1371 North Ridgewood Place, Los Angeles, and Ray A. Carter, M. D., 1100 Mission Road, Los Angeles.

A flat x-ray plate of the abdomen, without administration of contrast media, shows a characteristic distribution of gas shadows which in nearly all cases will not only indicate obstruction, but will localize it in large or small bowel. The method is simple, consumes very little time, causes the patient no discomfort, and is a valuable aid in the early diagnosis of intestinal obstruction.

4. *Acute Intestinal Obstruction*—W. B. Holden, M. D., 821 Medical Arts Building, Portland, Oregon. (By invitation.)

Early operation, the first twelve or twenty-four hours. Ample midline incision. Complete evisceration of the intestines, which are kept warm with hot saline packs, renewed as they become chilled. Determining the cause of obstruction and relieving it. Emptying the intestines by stripping them from the duodenum to the point of obstruction. Closure of the wound, without drainage. Morphine for the first twenty-four hours following operation and hypertonic salt (3 per cent) subcutaneously for the first two or three days postoperatively. (Motion pictures.)

Discussion of papers 2, 3, and 4 opened by Fred R. Fairchild, M. D., Woodland; Charles D. Lockwood, M. D., Pasadena; K. S. Davis, M. D., Los Angeles; O. D. Hamlin, M. D., Oakland.

5. *Infection of Abdominal Wall with Bacillus Welchii Following Enterotomy for Bowel Obstruction*—Edmund Butler, M. D., and George K. Rhodes, M. D., Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by Alanson Weeks, M. D., San Francisco, and Robert Wilcox, M. D., Long Beach.

Considering the presence of *B. welchii* in the intestinal tract, when is emptying of the bowel contents through enterotomy justifiable? When is enterostomy indicated? Report of two cases of infection of the anterior abdominal wall with *B. welchii* following enterotomy.

6. *Improvements in the Miculiez Two-Stage Resection of the Colon*—Ernst Gehrels, M. D., Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by John F. Cowan, M. D., San Francisco.

The Miculiez procedure has come into disfavor with many surgeons due to the difficulties encountered in the closure of the artificial anus by the "crushing clamp" method. In its place a technique is described for resection of the artificial anus which is much more satisfactory. In view of this improvement the problem of colon resection is discussed. (Lantern slides.)

7. *Acute General Peritonitis*—Robertson Ward, M. D., 814 Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by Wayland A. Morrison, M. D., Los Angeles, and Frank W. Lynch, M. D., San Francisco.

A rational therapeutic regimen. The mortality in peritonitis is principally due to absorption of highly toxic products present in dilated loops of duodenum and upper jejunum. A rational and effective adjunct to present-day treatment is the use of continuous gastric and duodenal lavage. This paper outlines the general treatment including a description of lavage apparatus. (Lantern slides.)

Union Meeting of Surgical Sections

Casino, Tuesday, May 7, 9 to 11:30 a. m.

Program printed under second meeting of Obstetrics and Gynecology Section. See page 285.

Second Meeting—Casino

Wednesday, May 8, 8:30 to 11:30 a. m.

John F. Binnie Meeting

1. *Welcome: John F. Binnie, M. D., The Man, the Student, the Surgeon*—William J. Mayo, M. D., Rochester, Minnesota.

2. *Circulatory Disturbances of the Extremities*—Frederick Leet Reichert, M. D., Stanford Hospital, San Francisco.

Discussion opened by Dexter N. Richards, M. D., Oakland, and Robert Wilcox, M. D., Long Beach.

Disturbances of the physiological balance in an extremity may be primarily arterial, venous or lymphatic in their origin, or, by reason of the close relationship and interdependence of these three systems, the disturbance may be the result of their combined dysfunction. Two rather neglected points are emphasized: first, the great collateral circulation characteristically present in thrombo-angiitis obliterans; and, secondly, the significance of lymphatic function in the mechanism of circulatory balance.

3. *The Treatment of Acute Cholecystitis*—Stanley H. Mentzer, M. D., Physicians Building, 516 Sutter Street, San Francisco.

Discussion opened by Andrew S. Lobingier, M. D., Los Angeles, and Harold Brunn, M. D., San Francisco.

A review of the cases of acute cholecystitis occurring at the San Francisco Hospital during the past six years. The cases of acute gangrenous cholecystitis are considered in detail, as regards the time interval before surgery was instituted, the type of operation performed, the anesthetic, the drains used, etc. Mortality statistics are discussed and autopsy findings analyzed. The conclusions emphasize the importance of early surgery and of conservatism when each is indicated and stress the value of cholecystectomy rather than simple drainage whenever possible. (Lantern slides.)

4. *Treatment of Pancreatitis as Related to Gall-Bladder Infection*—John H. Breyer, M. D., 701 Professional Building, 65 North Madison Avenue, Pasadena.

Discussion opened by C. G. Toland, M. D., Los Angeles, and Charles Dukes, M. D., Oakland.

Statistics of incidence of pancreatitis to biliary tract disease are given. The pathological changes, especially the gross changes as demonstrable to the operating surgeon, are emphasized. Treatment is arranged under the headings of (1) acute pancreatitis, (2) chronic pancreatitis, (3) sub-acute pancreatitis, (4) pancreatitis developing after operations on the biliary tract, (5) pancreatic asthenia. Case reports.

5. *Hemolytic Icterus and the Technique of Splenectomy*—Leo P. Bell, M. D., Woodland.

Discussion opened by Charles T. Sturgeon, M. D., Los Angeles, and Ernest H. Falconer, M. D., San Francisco.

Characterized by splenomegaly, jaundice, absence of bile pigments in urine, presence of coloring matter in stools, and diminished resistance of erythrocytes to hemolysis. Etiology based on toxic or infectious process. Types: congenital and acquired. Jaundice due to accumulation in liver of products of cell disintegration; liver unable to care for them, and certain amount altered pigment absorbed into blood stream. Splenectomy generally advised. Two cases reported.

6. *The Treatment of Varicose Veins by the Injection of Sclerosing Solution*—Thomas O. Burger, M. D., and Hall G. Holder, M. D., 1301 Medico-Dental Building, 233 A Street, San Diego.

Discussion opened by Daniel Crosby, M. D., Oakland, and J. N. Hoover, M. D., Long Beach.

By means of the motion picture a complete story of this subject will be visualized. This will include historical sketch and introduction, a representation of the normal venous circulation of the extremities, continuing with the etiology of varicosities and pathologic changes. Treatment will include selection of suitable cases, technique with resultant action of sclerosing solutions, and end-results.

Third Meeting—Casino

Thursday, May 9, 8:30 to 11 a. m.

1. Business meeting.
2. *Local Anesthesia—History*—Chauncey V. Leake, Ph. D., University of California Medical School, Fourth and Parnassus Avenues, San Francisco. (By invitation.)

3. *Traumatic Pneumocephalus, with Report of Cases*—Carl W. Rand, M. D., 1023 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Discussion opened by Howard C. Naffziger, M. D., San Francisco, and Edward B. Towne, M. D., San Francisco.

Skull fractures in the neighborhood of the frontal sinuses, or cribriform plate, are occasionally accompanied by leakage of cerebrospinal fluid from the nose, or the passage of air into the frontal lobe through a rent in the dura. Either condition constitutes a serious complication. Author's experiences reviewed.

4. *Goiter Operations in Mental Diseases—A Study Based on About Fifteen Consecutive Thyroidectomies on Patients with Major Psychoses at Stockton State Hospital, with Follow-Up Records of One Year or More Following Operation*—George H. Sanderson, M. D., and Margaret Smyth, M. D., 809 Medico-Dental Building, Stockton.

Discussion opened by Thomas G. Inman, M. D., and C. G. Toland, M. D., Los Angeles.

Reviews literature. Discusses question of etiological relationship between goiter and mental diseases of this type, and question of operation on such patients. Series discussed statistically with regard to etiology, diagnosis, possible relationship, operation performed, follow-up records, and results.

5. *Transplantation of Fascia to Muscle*—Sylvan L. Haas, M. D., Shreve Building, 210 Post Street, San Francisco.

Discussion opened by Edward C. Bull, M. D., San Francisco, and Charles E. Phillips, M. D., Los Angeles.

This paper deals with a review of the literature, including the controversy between Seelig, Choute, Koonz, and others, regarding the union of fascia to muscle, and the rôle it plays in hernia operations. It also gives the result of author's own experiments on the union of transplanted fascia to muscle with the clinical applications, in which a free fascia graft is united to trapezius and then inserted into the humerus to replace a paralyzed deltoid. (Lantern slides.)

6. *A Study of End-Results in Fractures of the Neck of the Femur*—John C. Wilson, M. D., 410 Medical Office Building, 1136 West Sixth Street, Los Angeles.

Discussion opened by E. W. Cleary, M. D., San Francisco, and Maynard C. Harding, M. D., San Diego.

Digest of a certain number of cases which will be discussed from the following angles: (1) Influence of age upon the bony repair of fractures of the femoral neck. (2) An evaluation of various types of treatment commonly used in these conditions with a determination of the efficacy of each as related to this particular series of cases. (Lantern slides.)

INDUSTRIAL MEDICINE AND SURGERY SECTION

D. P. THURBER, M. D., Chairman
901 Subway Terminal Building
417 South Hill Street, Los Angeles

J. W. SHILLING, M. D., Secretary
103 Medical Office Building
1136 West Sixth Street, Los Angeles

First Meeting—Room B

Monday, May 6, 2 to 5 p. m.

1. Opening Address—Floyd Thurber, M. D., Los Angeles.
2. *The Economic Aspect of Injuries to the Back in Industrial Accident Cases*—Halbert W. Chappell, M. D., 111 Medical Office Building, 1136 West Sixth Street, Los Angeles.

The type of injury to the back, as strain, sprain, fracture or dislocation, its exact location, the condition of the back and patient's general condition at the time of the injury must be accurately determined immediately. Cases reported which demonstrate economic loss. Treatment, chiefly by active measures, will remove the discomfort and disability with a minimum of expense and time.

3. *A Statistical Study of Fractures of the Spine with and without Operation*—Ross W. Harbaugh, M. D., 518 Union Square Building, 350 Post Street, San Francisco.

Reviewing the cases of crushing fracture of the spine and giving the end-results in cases with and without operation, the object being to set forth the relative merit of each.

4. *Treatment of Fractures of the Carpal Scaphoid*—Ralph Soto-Hall, M. D., Union Square Building, 350 Post Street, San Francisco.

These fractures are accompanied by considerable permanent disability. Review of literature does not reveal any method of treatment which is accompanied by good results.

A series of cases were treated by immobilization in plaster with the hand in marked radial deviation and the thumb fully abducted. This position forcefully places the fragments in their proper apposition. This method is reported because of the consistently good results.

5. *The Use of Zinc Gelatin Dressings for Traction—With Demonstration*—Leo Eloesser, M. D., 1224 Medico-Dental Building, 490 Post Street, San Francisco.

The technique of applying zinc gelatin bandages for the support of the lower extremities and for traction. (Lantern slides with demonstration.)

Second Meeting—Room B

Wednesday, May 8, 9 to 11:30 a. m.

1. *Pelvic Fractures*—Maynard C. Harding, M. D., 425 Electric Building, 861 Sixth Street, San Diego.

Their increasing frequency and severity. Four types: (a) Fractures of the wing of the ilium. (b) Fractures of the acetabulum. (c) Fractures of the sacro-iliac region. (d) Fractures of the rami. Treatment by means of a pelvic sling.

2. *Injuries of the Urogenital Tract*—Burnett W. Wright, M. D., 1137 Roosevelt Building, 727 West Seventh Street, Los Angeles.

Preëxisting and often unsuspected disease of the urogenital tract is an important factor in cases of apparent injury to these structures. This is especially true where the trauma appears

too slight to have produced the injury. From a medico-legal standpoint it is obviously important to determine the presence or absence of such conditions. A thorough and complete urological examination is essential for the diagnosis, especially in suspected injury to the upper urinary tract. (Lantern slides.)

3. *Second Type Arthritis in Relation to Treatment of Some Surgical Conditions*—Arthur L. Fisher, M. D., 212 Medical Building, 909 Hyde Street, San Francisco.

What is meant by second type arthritis. Pathology and histogenesis of same. Its relation to treatment of fractures near joints exemplified by Colles' fracture. Its relation to treatment of humerus. Its relation to treatment of some stiff and painful conditions about the shoulder.

4. Business meeting.

NEUROPSYCHIATRY SECTION

S. D. INGHAM, M. D., Chairman
1252 Roosevelt Building

727 West Seventh Street, Los Angeles

H. G. MEHRTENS, M. D., Secretary
Stanford Hospital, San Francisco

First Meeting—Room D

Monday, May 6, 2 to 5 p. m.

1. Chairman's Address—Samuel D. Ingham, M. D., Los Angeles.

2. *Surgical and Nonsurgical Facial Neuralgias—Their Symptoms, Diagnosis, and Treatment*—Mark A. Glaser, M. D., 633 South Berendo Street, Los Angeles.

Pain in the face may be caused by involvement of the fifth, seventh, eighth, ninth, and tenth cranial nerves and the sphenopalatine ganglion. The relief of pain is an important surgical problem, and operative section of nerves is indicated in most of these cranial nerve neuralgias, as well as the secondary forms due to malignancy. (Lantern slides.)

3. *Treatment of Parkinson's Syndrome with Fever Produced by Baths*—Pearl S. Pouppirt, M. D., Stanford Hospital, San Francisco.

Technique of producing fever. Advantages and disadvantages of this method. Comparison of results obtained by baths with other therapy. (Motion pictures.)

4. *Psychoneurosis in Relation to Industrial Accidents*—Henry Douglas Eaton, M. D., 811 Medical Office Building, 1136 West Sixth Street, Los Angeles.

Difficulty in diagnosis. Estimation of organic factors. Deleterious results of frequent examinations and hearings. Compensation as an etiological factor. Malingering. Variation in legal and medical attitudes. Suggestions for improvement in treatment.

Second Meeting—Room D

Tuesday, May 7, 9 to 11:30 a. m.

1. *Psychiatry in a General Hospital*—Charles L. Allen, M. D., 939 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Mental phenomena are reactions to stimuli and may become pathological through disease, through inability to meet situations or through both. Importance of the mental make-up in estimating symptoms of physical disease. Psychopathic reaction forms and psychoses. In the general hospital the psychiatrist is of aid as consultant and in stimulating "psychiatric-mindedness" in physicians and nurses.

2. *The Legal Responsibility of the Psychiatric Patient*—Joseph Catton, M. D., 825 Medico-Dental Building, 490 Post Street, San Francisco.

Criminal responsibility as a socialized anger-fight mechanism. Man by nature seeks to punish the criminal. The individual concedes the right to punish to the state. The state delegates this duty to the law. The psychiatrist feels that certain mental disorders should remove responsibility, but the law necessarily defines the quality of mental disorder which the psychiatrist must find to satisfy the rational average man that the criminal should not be punished.

3. *Mental Hygiene Problems, Psychiatry and the General Practitioner*—Glen E. Myers, M. D., 300 Professional Building, 1052 West Sixth Street, Los Angeles.

The usual conception of the psychoses as well-defined disease entities renders understanding and treatment difficult. The psychoses should rather be regarded as reactions of the individual as a whole, in which heredity, environment, disease and accompanying biochemical-physiological processes influence adaptation to the environment.

4. Business meeting.

OBSTETRICS AND GYNECOLOGY SECTION

H. N. SHAW, M. D., Chairman
901 Pacific Mutual Building
523 West Sixth Street, Los Angeles

W. H. GILBERT, M. D., Secretary
1105 Medico-Dental Building
746 Francisco Street, Los Angeles

First Meeting—Silver Grill

Monday, May 6, 2 to 5 p. m.

1. *Pulmonary Edema Occurring During Pregnancy*—Harry K. Bonn, M. D., 812 Brockman Building, 520 West Seventh Street, Los Angeles.

Discussion opened by Moses H. Ross, M. D., Los Angeles.

A pulmonary edema of sudden onset without convulsions or coma occurring during pregnancy or labor, frequently with rapidly fatal termination is apparently of some rarity. The type of pulmonary edema under discussion is not related to the terminal phase of an eclampsia, wherein cardiac disease is the prime etiologic factor. Pathology, symptoms, prognosis, treatment. Illustrative cases are discussed.

2. *Inversion of Uterus—Report of Two Cases*—Edward N. Ewer, M. D., 251 Moss Avenue, Oakland.

Discussion opened by John C. Irwin, M. D., Los Angeles.

This paper deals with the results of the treatment of over five hundred cases of inversion of the uterus reported in the literature. These reports show a high mortality for immediate manual reposition and seem to prove the greater safety of operative methods following the recovery of the patient from the initial shock.

3. *The Ascheim-Zondek Hormone Test for Pregnancy—Exhibition of Autopsies on Mice*—Harry E. Kaplan, M. D., 611 Medico-Dental Building, Stockton.

Discussion opened by Ludwig A. Emge, M. D., San Francisco.

During pregnancy striking overproduction hormone of anterior lobe of pituitary gland, leading to excretion in urine. Subcutaneous injection of urine of pregnant women into immature female mice followed by alterations in ovaries, manifested by visible swelling, congestion, hemorrhages, and the premature maturation of ovarian follicles. Exhibition autopsies of previously injected mice.

4. *The Care of the Bladder Following Bladder Operations*—R. Glenn Craig, M. D., Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by Phil Boller, M. D., Los Angeles.

Postoperative catheterization and occasional cystitis is not uncommon. The procedure recommended has reduced the incidence of postoperative catheterizations more than half in actual number of patients catheterized. Considering that many of these patients would have had to be catheterized more than once, the actual number of catheterizations is materially reduced. Comparative discussion with common procedures.

Second Meeting—Casino

Program for Union Meeting of Surgical Sections

Tuesday, May 7, 9 to 11:30 a. m.

1. *The Coexistence of Goiter and Uterine Fibromata*—Albert Falls, M. D., Chicago, Illinois. (By invitation.)

Discussion opened by Frank W. Lynch, M. D., San Francisco.

The interrelationship between the genital and endocrine system. Histopathology of fibroids. The methods of thyroid stimulation: (a) Toxin production. (b) Irritation of sympathetic nervous system. (c) Influence of other ductless glands. A clinical analysis of the evidence of hyperthyroidism in one thousand cases of fibroids. The basal metabolic rate in patients with fibroid uteri. The management of patients with thyroid and fibroid disease.

2. *Symposium on Treatment of Cancer of Uterus:*

- (a) *The Surgical Treatment*—Hans von Geldern, M. D., 1110 Medico-Dental Building, 490 Post Street, San Francisco.

Discussion opened by Frank W. Lynch, M. D., San Francisco.

General indications for the application of surgical treatment. Selection of cases for operation. Radical operations in vogue. Operative mortality and complications. Palliative procedures. End-results.

- (b) *The Cautery Treatment*—James F. Percy, M. D., 1030 South Alvarado Street, Los Angeles.

Discussion opened by William H. Gilbert, M. D., Los Angeles.

- (c) *The Radiological Treatment*—Albert Soiland, M. D., 1407 South Hope Street, Los Angeles.

Discussion opened by Lyell C. Kinney, M. D., San Diego.

Radiation is the generally accepted method of treatment in both early and advanced cervical malignancy and seems as efficacious as surgery in early fundus malignancy, being indicated exclusively in advanced cases. Study of histological cell structure with gradation of malignancy is important for prognosis. Roentgen ray should always be used with radium.

PATHOLOGY AND BACTERIOLOGY SECTION

W. H. KELLOGG, M. D., Chairman
State Hygienic Laboratory, Berkeley

W. T. CUMMINS, M. D., Secretary
Southern Pacific Hospital, San Francisco

First Meeting—Room C

Tuesday, May 7, 9 to 11:30 a. m.

1. Chairman's Address—Wilfred H. Kellogg, M. D., Berkeley.

2. *The Kahn Precipitation Test for Syphilis*—Newton Evans, M. D., Los Angeles County General Hospital, Los Angeles.

Report of results of the Kahn and the Kolmer modification of Wassermann tests of about 15,000 sera shows 96.7 per cent of relative agreement between the two tests. The Kahn test has a slight advantage in detecting larger numbers of positive cases. Advantages of the Wassermann, Kahn, and parallel tests are discussed.

3. *The Bacteriophage as a Therapeutic Agent*—E. W. Schultz, M. D., Stanford University, Palo Alto.

The results of various clinical investigators who have employed the bacteriophage as a therapeutic agent in infectious diseases are reviewed. The author discusses its limits and the bearing which these limitations have on the use of commercially distributed bacteriophage. There is a plea for sound methods and an open mind in studying this product.

4. *The Physiologic and Pathologic Significance of the Lipochromes*—Charles L. Conner, M. D., University of California, San Francisco.

The lipochromes, of which carotin and xanthophyll are the most important, are taken in with food, and some are stored in places where lipoids are deposited. The remainder are excreted via the intestinal tract, or are hepatically broken down. The pigments appear in abnormal quantities in the blood and skin when eaten in large quantities or when there is faulty fat metabolism.

Second Meeting—Room C

Wednesday, May 8, 9 to 11:30 a. m.

1. *The Pathology of Spontaneous Heart Rupture*—Adelbert M. Moody, M. D., St. Francis Hospital, San Francisco, and A. A. Berger, M. D., 104 Clement Street, San Francisco.

This report will consist of a discussion of the pathology of spontaneous cardiac rupture present in hearts removed from bodies referred to the coroner's office for determination of causes for death. Specimens and lantern slides, demonstrating the gross and microscopic changes present in this series will be shown.

2. *Some Aspects of Experimental Food Poisoning*—J. C. Geiger, M. D., Hooper Foundation, University of California, San Francisco.

The present theory of the cause of food poisoning by "carriers" or by primarily infected meat is discussed. Subsequent incubation of the contaminated food by various means allows the bacteria to produce a toxin or in the cooking certain substances may become soluble and toxic. Experimental evidence is offered to clarify the situation.

3. *Systemic Blastomycosis*—George D. Maner, M. D., Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles, and Roy W. Hammack, M. D., 1003 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Review of literature. Report of three cases with autopsy findings. Comparison with other fungous infections.

4. *A Review of Human Torula Infections*—Howard A. Ball, M. D., Los Angeles County General Hospital, Los Angeles.

The cases are classified as systemic and local. Two cases involving the central nervous system, one a "pseudotumor" type and one a meningeal type are reported, including necropsy findings. The importance to clinician and pathologist of demonstrating the etiological organism in cases of suspected tuberculous meningitis in adults, is made evident.

PEDIATRICS SECTION

E. S. BABCOCK, M. D., Chairman
820 Medico-Dental Building
1127 Eleventh Street, Sacramento

GUY L. BLISS, M. D., Secretary
1723 East Street, Long Beach

First Meeting—Breakfast Room

Tuesday, May 7, 9 to 11:30 a. m.

1. Business meeting.
Report of the nominating committee and election of officers for the coming year.

2. *Symposium on Pulmonary Tuberculosis of Infancy and Childhood.*

- (a) The X-Ray Findings in the Different Types of Pulmonary Tuberculosis in Childhood—Rolla G. Karshner, M. D., 510 Lucas Avenue, Los Angeles.

Pulmonary tuberculosis in infants and children may be recognized from the appearance and distribution of the infiltrations on roentgenograms. Examples of (1) primary tuberculosis, either as the focal primary lesion or as caseous pneumonia; (2) tuberculosis of intrathoracic lymph nodes; (3) hilum tuberculosis; (4) miliary tuberculosis; and (5) the more rare apical or other adult forms will be shown and discussed. (Lantern slides.)

- (b) The Immunobiologic Reaction in Tuberculosis of Infancy and Childhood—Roy E. Thomas, M. D., 403 Medical Office Building, 1136 West Sixth Street, Los Angeles.

Primary infection. Tubercle. Relationship of tuberculosis to lymphatic systems. Sensitization of cells. Secondary inoculation. Allergic reaction. Proliferative and exudative processes. Relationship of allergy to clinical symptoms.

- (c) The Clinical Diagnosis—William M. Happ, M. D., 911 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Signs and symptoms different from adults. Important are fever, anorexia, restlessness, pallor, and digestive disturbances. History of exposure of value. Tuberculin test of great value during first two years. X-ray important in diagnosis and distinguishing types. Physical signs insignificant or lacking in many cases. Diagnosis not from any one clinical sign or procedure, but from combination.

- (d) Treatment—C. L. Ianne, M. D., Santa Clara Hospital, San Jose.

As treatment of childhood tuberculosis extends over a number of years, a definite program of rest, exercise, and other activities should be carried out in the home, school, and preventorium. Rest at school for primary grade children should be given with gymnasium as a regular prophylactic measure of the health program.

Second Meeting—Breakfast Room

Thursday, May 9, 8:30 to 11 a. m.

1. Chairman's Address—*Masked Otitis Media and Mastoiditis in Infancy*—Edward S. Babcock, M. D., Sacramento.

2. *Everyday Problems of the General Practitioner.*

- (a) The Treatment of Meningococcus Infection—Edward B. Shaw, M. D., 412 Fitzhugh Building, 384 Post Street, San Francisco.

Meningococcal infection may frequently be recognized in the systemic phase where purpuric manifestations are seen. These cases may be

arrested before the invasion of the meningococci has occurred. Proper treatment of meningitis is dependent upon prompt diagnosis and adequate laboratory control from the onset, particularly with regard to the specificity of serum. Pacific Coast strains are poorly controlled by standard serum.

- (b) *The Treatment of Bronchopneumonia*—Enos Paul Cook, M. D., 215 Sainte Claire Building, San Jose.

A brief statement of the etiology and pathology, and symptoms of bronchopneumonia. Preëxisting conditions which favor its development. The importance of a very definite and carefully carried out plan of general hygiene, nursing care, and nourishment. Medical treatment. Blood transfusion. Complicating or associated conditions which demand prophylactic consideration and active treatment, with special reference to dehydration and otitis media.

- (c) *The Child Who Will Not Eat*—Henry E. Stafford, M. D., 242 Moss Avenue, Oakland.

Despite increased knowledge of nutrition, the child who will not eat offers one of our most common and difficult problems. Infection, allergy, and psychological maladjustment are the causative factors.

Once foci of infection have been removed and sensitization antigens have been eradicated from diet and surrounding, our treatment is still incomplete without education of parents in proper habits of living and eating by their children.

- (d) *The Symptoms and Signs of Acute Upper Respiratory Tract Infection in Children*—Clifford D. Sweet, M. D., 242 Moss Avenue, Oakland.

Fever, abdominal pain, vomiting, diarrhea, and convulsions are caused most frequently by upper respiratory tract infection.

The presence of upper respiratory tract infection is overlooked by the physician because (1) he has not its causal relationship in mind; (2) he does not use an adequate light; and (3) the patient is seen too early or too late in the course of the infection to observe its presence without careful and repeated examinations.

RADIOLOGY SECTION

L. C. KINNEY, M. D., Chairman
510 Medico-Dental Building
233 A Street, San Diego

W. B. BOWMAN, M. D., Secretary
1155 Roosevelt Building
727 West Seventh Street, Los Angeles

First Meeting—Room D

Wednesday, May 8, 9 to 11:30 a. m.

- Chairman's Address.
- Treatment of Disorders of Menstruation by Irradiation of Hypophysis and Ovaries*—F. H. Rodenbaugh, M. D., 321 Medico-Dental Building, 490 Post Street, San Francisco.

Many disorders of menstruation are amenable to mild irradiation of pituitary or ovary. In properly selected cases the method is without danger. Classification of cases suitable for treatment. Result of treatment over five-year period with case histories and valuation of results.

- Intra-oral Cancer and Its Treatment*—Orville N. Meland, M. D., 1407 South Hope Street, Los Angeles.

Intra-oral cancer, even when recognized early is a serious disease. A great number of patients are hopeless when they first apply for treatment. Platinum radon implants surrounding the lesion, supplemented by radiation to the regional lymph nodes, and electrocoagulation when indicated, offer the most for the patient.

- The Roentgen Examination of the Sacroiliac Joint*—William E. Chamberlain, M. D., Stanford Hospital, Clay and Webster Streets, San Francisco.

Even when pathologically relaxed the sacroiliac synchondrosis rarely exhibits motion sufficient to be seen in the ordinary roentgenograms, but the motion is rotatory and the magnified movements at the symphysis pubis can easily be demonstrated by our special technique. Both subluxations and relaxations have been successfully diagnosed.

- Conference on Radiological Consultation*—Leader, Morton R. Gibbons, M. D., 515 Union Square Building, 350 Post Street, San Francisco.

- Radiology in Industrial Medicine—Morton R. Gibbons, M. D., San Francisco.

- Radiology in Medicine—John H. Musser, M. D., New Orleans, Louisiana.

- Radiology in Obstetrics—Fred A. Falls, M. D., Chicago, Illinois.

- Radiology in Surgery.

Second Meeting—Room D

Thursday, May 9, 8:30 to 11 a. m.

- Business meeting.
- Hilum Adenitis of Childhood*—John W. Crossan, M. D., 522 Westlake Professional Building, 2007 Wilshire Boulevard, Los Angeles.

A study of the significance of the roentgen findings as a method of differentiating pulmonary tuberculous adenitis and adenitis resulting from respiratory or pulmonary mixed infections.

- Lymphoblastoma of Stomach*—Howard E. Ruggles, M. D., 320 Fitzhugh Building, 384 Post Street, San Francisco, and Robert Stone, M. D., University of California Hospital, Third and Panassus Avenues, San Francisco.

Lymphoblastoma of the stomach is considered with special reference to the possibility of diagnosing it by x-ray. The difficulty is seen to be in differentiating it from carcinoma. The value of the differentiation lies in the improved prognosis when x-ray therapy is used for lymphoblastoma. Some cases are presented. (Lantern slides.)

- The Roentgen Diagnosis of Intussusception with a Report of Two Cases*—Kenneth S. Davis, M. D., St. Vincent's Hospital, 1151 Sunset Boulevard, Los Angeles, and Carl Parker, M. D., 65 North Madison Avenue, Pasadena.

The usual roentgenographic findings in intussusception are those of intestinal obstruction and the exact diagnosis is not made until surgical exploration is done. In these two cases—one at the Pasadena Hospital, and the other at St. Vincent's Hospital—the authors were able to demonstrate a loop of gas-filled small bowel within the cecum. In both cases the cause of the intussusception was a primary lymphosarcoma of the terminal ileum.

- A Roentgenologic Consideration of Malignant Lesions of the Lung*—B. R. Kirklin, M. D., Section of Radiology, The Mayo Clinic, Rochester, Minn.

The incidence of primary malignant growths of the lung has shown a marked increase both in this country and abroad during the last few years. Recognition of this condition is fairly easy by careful roentgenologic and bronchoscopic examination. The roentgenologic appearance of primary carcinoma of the bronchus is rather typical and should provide a means for early recognition. However, unilateral inflammatory lesions of the lung situated near the hilum are frequently confused with primary malignant growths of the bronchus, and for this reason tissue should be removed by biopsy by a skilled bronchoscopist in order to obtain an accurate microscopic diagnosis.

- Lantern slide demonstration.

UROLOGY SECTION

W. B. PARKER, M. D., Chairman
1107 Brack Shops Building
527 West Seventh Street, Los Angeles

C. P. MATHÉ, M. D., Secretary
844 Phelan Building
760 Market Street, San Francisco

First Meeting—Breakfast Room

Monday, May 6, 2 to 5 p. m.

1. Chairman's Address—Wilbur B. Parker, M. D., Los Angeles.

2. *Traumatic Rupture of the Kidney*—Edward W. Beach, M. D., 306 Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Discussion opened by Miley B. Wesson, M. D., San Francisco.

The paper treats of six cases from the author's practice varying in age from three to forty-four years. Five were treated surgically. It touches upon the illustrated etiology, symptomatology, diagnosis, and operative treatment, with deduced conclusions. Lantern slides of x-ray findings and demonstrated pathology are used as a supplement.

3. *Kidney Tumors with Discussion of Surgical Problems Involved*—Frank Hinman, M. D., 603 Fitzhugh Building, 384 Post Street, San Francisco.

Discussion opened by A. Elmer Belt, M. D., Los Angeles.

Introduction. Perineal prostatectomy can be successfully performed in one way only. Numerous modifications of method are relatively insignificant. Anatomical considerations and reasons for the operation being performed successfully only one way. Structural and functional considerations. The requirements of learning properly and safely to perform the operation. Can it be taught successfully or not? Summary of replies to questionnaire sent to the men who have taken postgraduate work in urology at the University of California.

4. *Destructive "Calculus Disease"*—Franklin Farman, M. D., 709 California Medical Building, 1401 South Hope Street, Los Angeles.

Discussion opened by H. Kreutzmann, M. D., San Francisco, and W. B. Dakin, M. D., Los Angeles.

A clinical study of a series of cases illustrating the progressive destructive course of kidney and ureteral calculi, with a discussion of the factors influencing prognosis.

5. *Foreign Bodies in the Kidney, Ureter, and Urethra*—William E. Stevens, M. D., 602 Flood Building, 870 Market Street, San Francisco.

Discussion opened by Robert V. Day, M. D., Los Angeles.

While foreign bodies other than calculi are frequently found in the bladder, they are very seldom encountered in the ureter. The literature contains but few instances of this unusual condition. Modes of entrance. The effect of antiperistalsis and regurgitation. Review of the literature. Report of two cases.

6. *Bilateral Hydronephrosis*—Albert J. Scholl, M. D., 721 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Discussion opened by Frank Hinman, M. D., San Francisco, and A. Elmer Belt, M. D., Los Angeles.

A case of bilateral hydronephrosis and nephritis, surgically treated, is reported. The size of the renal pelvis returned to normal, kidney function improved markedly, and the patient's general health at the present time is excellent. The reasons for the various types of surgical procedures employed in this case are discussed.

Second Meeting—Silver Grill

Tuesday, May 7, 9 to 11:30 a. m.

1. *Bladder-Neck Contracture*—Harry W. Martin, M. D., 1010 Quinby Building, 650 South Grand Avenue, Los Angeles.

Clinical Manifestations. Masked symptomatology at times. Technical diagnosis. Treatment. (a) Early methods: Simple division with Blizzard probe-pointed knife; same method supplemented by uterine dilator; Bottini and Chetwood cautery operation. (b) Modern technique: Young's median bar excisor; Braasch's modification; Bumpus' hemostatic technique; Caulk's punch; Stern's resectotherm technique; Tolson's method of hemostasis, and Collings' electrotome technique. Open methods: MacGowan technique; Keyes' rongeur operation and Buerger's operation. Summary.

2. *Prostatic Median Bar and Its Treatment*—Miley B. Wesson, M. D., 939 Medico-Dental Building, 490 Post Street, San Francisco.

The etiology, pathology, symptomatology, differential diagnosis and methods of treatment, particular attention being paid to complications and methods of avoiding them. (Lantern slides.)

3. *Relief of Certain Types of Prostatic Obstruction by Electrocautery*—Charles P. Mathé, M. D., 844 Phelan Building, 760 Market Street, San Francisco.

Discussion of above three papers opened by Robert V. Day, M. D., Los Angeles, and George Hartman, M. D., San Francisco.

Introduction. Historical note. Report of cases. Pathology apropos to types suitable for relief by electrocoagulation. Symptomatology. Treatment. Indication and contraindications. Pre-operative preparation, operative technique, and postoperative care. Complications. Results. Conclusions. Advantage over open operation. Preservation of reproductive power.

4. *Interstitial Cystitis*—Anders Peterson, M. D., and Benjamin H. Hager, M. D., 810 Medical Office Building, 1136 West Sixth Street, Los Angeles.

Discussion opened by William E. Stevens, M. D., San Francisco.

A review of a group of cases of interstitial cystitis is presented, together with a demonstration of the pathological changes which occur in the bladder wall. Empirical procedures of treatment and the results of both overdistention of the bladder and transurethral electrocoagulation, or a combination of the two methods, are discussed. (Lantern slides.)

5. *Radical Treatment of Cancer of the Bladder*—Robert C. Coffey, M. D., Portland, Oregon. (By invitation.)

Discussion opened by Frank Hinman, M. D., San Francisco.

Carcinoma of the bladder, if treated early, is very promising. Symptoms early, metastases late. Early radical treatment has been discouraging because there has been no practical way of making a reservoir for the urine. Therefore most cases of cancer of the bladder receive repeated palliative treatments. We may now successfully transplant the ureters into the large bowel, thereby providing a comfortable and efficient reservoir and permitting the complete destruction or removal of the bladder. Plan of procedure.

6. *Vesical Diverticula in the Female, with Report of Three Cases*—Jay J. Crane, M. D., 514 Westlake Professional Building, 2007 Wilshire Boulevard, Los Angeles.

Discussion opened by Herbert A. Rosenkranz, M. D., Los Angeles.

Introduction. Diverticula in women comprise 10 per cent of all reported cases. Etiology.

Diverticula variously believed to be congenital, acquired or either acquired and congenital. The three cases reported have acquired diverticula. Symptoms: Due to infection and poor drainage aggravated by ammoniacal urine. Diagnosis: Most diverticula are found during routine urological examinations. The roentgen ray and cystoscope are essential in demonstrating number, size, ability to drain, and location. Treatment: Removal of the diverticula without removal of obstruction below the bladder not successful.

Third Meeting—Breakfast Room

Wednesday, May 8, 9 to 11:30 a. m.

1. Business meeting.
2. *Treatment of Gonorrhea by Mercurochrome with Glucose Intravenously*—Francis H. H. Redewill, M. D., 686 Flood Building, 870 Market Street, San Francisco; James E. Potter, M. D., U. S. N.; and A. Garrison, M. D., U. S. N., San Francisco.

Discussion opened by Lionel P. Player, San Francisco.

Corroborative recent reports. Bacteriostatic and chemo-immuno-therapeutic action of drug. Further experimental work with trypanosomes in mice. Tabulated report of three thousand cases. Foreign proteid—preparation and how administered, a potent therapeutic agent as an adjunct to the dye and glucose. Diathermy—its various forms of application briefly discussed; infra-red light in acute and sinusoidal low-volt currents in chronic cases. Summary. References.

3. *Pyuria in Children*—Albert Meads, M. D., 251 Moss Avenue, Oakland.

Discussion opened by George Reinle, M. D., Oakland.

Infection in the urinary tract of children as demonstrated by pyuria is common. Acute cases are medical, and chronic cases are urological. Definition of a chronic case. Classification of chronic pyuria. Importance of stasis as a forerunner of infection. Conditions favoring stasis, congenital and acquired. Congenital anomalies in cases of chronic pyuria as demonstrated by a urological examination. Case reports.

4. *Christian Science in Urology*—Victor Vecki, M. D., Physicians Building, 516 Sutter Street, San Francisco.

Discussion opened by F. S. Dillingham, M. D., Los Angeles, and Charles P. Mathé, M. D., San Francisco.

Disregarding the question of creeds, serious protest is made against attendance on a sick fellow-being by any person who is lacking in knowledge of anatomy, physiology, and pathology. Personal experience, ludicrous and tragic case stories prove urologists morally and financially not vulnerable, but suffering sometimes pangs of pity for the victims of greedy quackery.

5. *Treatment of Pyogenic Epididymitis*—Henry Kreutzmann, M. D., 1195 Bush St., San Francisco.

Discussion opened by Robert V. Day, M. D., Los Angeles.

This paper deals with various theories as to the modes of transmission of bacteria from the posterior urethra to the epididymis. The danger of producing an infection in the epididymus together with the precautions to be taken to prevent an occurrence of this condition are fully discussed. A description is given of the various methods of treatment which have been found by the author to be of greatest value in different cases.

6. *Emulsified Iodized Rapeseed Oil (Campiodol)—Its Use as a Pyelographic Medium*—A. A. Kutzmann, M. D., Wilshire, Medical Building, 1930 Wilshire Boulevard, Los Angeles.

Discussion opened by Mark A. Glaser, M. D., Los Angeles.

Campiodol is an iodized oil (rapeseed oil) containing approximately 43 per cent iodine. To adapt it to urographic use, a stable emulsion was made, using campiodol, acacia, and water: this results in a compound, miscible with water (urine) and lowered viscosity, properties not possessed by other iodized oils.

Emulsified campiodol as a pyelographic medium is inert, nonirritating to the urinary mucous membranes, nontoxic, giving excellent shadow-graphic pictures as to detail and intensity. It has been used in fifty cases with a minimum of irritative symptoms and, therefore, possesses an advantage of 12½ per cent radium iodid.

ENTERTAINMENT COMMITTEE

For Women Guests

MRS. J. F. CHURCHILL, *Chairman*
DR. FRANCES ELLIOTT, *Assistant Chairman*
MRS. M. C. HARDING, *Information and Registration*
MRS. T. COE LITTLE, *Transportation*

MRS. S. A. DURR, *Luncheon*
MISS MAY LEE, *Golf*
MRS. J. E. JENNISON, *Bridge*
MRS. F. H. MEAD, *Reception*

MONDAY, MAY 6

3:00 P. M. TO 5 P. M.

Reception and tea at Mitchell Art Gallery in honor of Mesdames Kiger and Gibbons

TUESDAY, MAY 7

Ladies luncheon at Agua Caliente. Motion pictures in ballroom.
Boat trips. Golf tournament

TUESDAY EVENING

Dinner dance

Main dining room, Hotel del Coronado

WEDNESDAY, MAY 8

Afternoon—Sightseeing busses. Medical women's trip. Motion pictures in ballroom.

Evening—Bridge and informal dance in Casino

ENTERTAINMENT PROGRAM

Announcement of San Diego Committee on Arrangements and Entertainment

Fifty-Eighth Annual Session, California Medical Association, Coronado, May 6 to May 9, 1929

San Diego hopes to convince the members of the California Medical Association and their ladies and guests that southern California can make the coming meeting as delightful, from an entertainment standpoint, as did Sacramento in the year preceding, and to that end the following program, which utilizes the afternoons of each day's session for recreation and relaxation, has been arranged.

All who have visited Coronado in years past know that delightful dispenser of old-time hospitality at the Coronado Hotel, Mel S. Wright. His ability to entertain, the good food, comfortable rooms, and attractive building, set in the subtropical flora of this charming spot by the blue Pacific, and deviating from the cold architecture of the ultramodern hotel, combine to render a visit to this paradise of the American continent a long-remembered event.

Outline of Entertainment

MONDAY, MAY 6

The first day, Monday, May 6, 3 to 5 p. m.—Through the kindness of Mrs. John W. Mitchell a reception will be given at the Mitchell Art Gallery in Coronado by the ladies of the San Diego County Medical Society in honor of the wife of the president, Mrs. Wm. F. Kiger, and of the president-elect, Mrs. Morton Gibbons. The art gallery, a building of Moorish architecture, within two blocks of the hotel, contains many gems of the fine arts collected by the late Mr. Mitchell. Fine paintings, sculptures and objets d'art of both ancient and modern times are worth inspection by those interested.

Monday, 8 to 12 p. m.—After dinner there will be an informal dance in the Casino at the hotel. Those who can resist the cadences of a splendid orchestra must be stoics indeed. It is hoped many will attend.

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TUESDAY, MAY 7

Tuesday, May 7, Noon—For the Ladies.—A spice of adventure and a trip to a foreign land lie in the visit planned to Agua Caliente, that charming spot below Tia Juana in Old Mexico. Here has been reared a most splendid hotel, famous for its cuisine and resembling a bit of old Spain. Here also is the Casino, where the more venturesome may experience the thrills of Monte Carlo and toss a coin with Mistress Fortune. Transportation will be provided. Those who desire to go *should register early* at the entertainment desk at the Coronado Hotel. For members who remain at Coronado, motion pictures on subjects of especial interest along educational lines will be shown in the ballroom on Tuesday afternoon.

For the Men.—At 1:30 p. m. there will be a golf tournament on handicap at the San Diego Country

Club in Chula Vista. Dr. Edgar C. Lee of San Diego is chairman of the committee. All those interested are requested to *register early* at the entertainment desk. The Chula Vista course has the reputation of being a splendid and sporty links to play. It is recommended that members bring their clubs. Cards to the Coronado and La Jolla Clubs, which offer a diversity of terrain and provide problems to stimulate the golf enthusiast may also be had. Several cups, including that presented by President Kiger, will be awarded for the winners at the president's dinner the same evening. *Register at the desk.* Transportation to all of the clubs will be provided.

Tuesday, May 7, 8 to 12 Midnight.—The pièce de resistance, the president's dinner dance. A formal dinner will be served in the main dining room in honor of the president. We feel sure that this will come up in excellence to those of past occasions. Music and entertainment will be interspersed throughout the evening that there may not be a dull moment. Coronado's reputation for excellence of cuisine, and Mr. Wright's as provider of unique and delightful entertainment are both well known. To those staying at the hotel or Tent City cottages, the dinner charge will be \$3.50; to those staying outside, \$5.

Please *register at the entertainment desk early* for this occasion.

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WEDNESDAY, MAY 8

Wednesday, May 8, 2 to 3 p. m.—At Rockwell Field, on North Island, the naval flying corps service will put on stunt-flying, and visitors will be shown the new aerial ambulance. This will be followed by a clinic for those interested in aviation medicine. Transportation will be provided from the hotel for doctors and their families. *Early registration is requested.*

Wednesday, May 8, 4 to 10 p. m.—An interfraternity stag will be held at Agua Caliente, below Tia Juana, in old Mexico. Here visitors may eat and frolic for a period of six hours and win or lose their hard-earned coin, note the flashing dark eyes of the señoritas, and review their own Spanish.

The San Diego County Medical Society will provide for the entertainment and dinners, and a good time is assured. It is strongly urged that members use the transportation service which will be provided at the hotel, and not their own cars. Uncle Sam locks the door at 10 p. m., and his rule is inflexible that every car shall be over the border at that hour. Guests who tarry after 6 p. m. must return on the society's special train or remain all night on the Mexican side across the border.

The United States Immigration authorities are very strict about foreign passport regulations. Only United States citizens can cross and recross the lines without a passport. Guests that are not citizens must carry their passport with them if they go to Tia Juana or Agua Caliente.

Transportation will be provided at \$1 per person.

Wednesday afternoon, May 8—After luncheon—Ladies.—Sightseeing busses and autos will carry the wives of the members and their guests to points of interest in and about San Diego. No city can provide more lovely vistas of sea and mountains than this growing metropolis of the Southland. There will be motion pictures on the subjects of especial interest to members and their ladies, along educational lines, on Wednesday afternoon.

Wednesday, May 8, 8 p. m.—There will be a bridge party and informal dance in the Casino.

Additional Features.—The United States steamship Relief is expected to be anchored and open for inspection in the harbor of San Diego. There will be a reception aboard for members and their ladies.

Boat trips will be arranged around the harbor to points of interest, and some fine deep-sea fishing will be provided for followers of the rod and reel.

A ladies' golf tournament will be put on if there are a sufficient number of interested guests to warrant it. Ladies are requested to register for this event Monday morning on arriving.

The Golf Committee will arrange for individual matches on Thursday afternoon at the close of the morning session if such are desired.